

## APPENDIX G

### REPORT OF FUEL PURCHASES MADE OUTSIDE THE STATEWIDE FUEL MANAGEMENT AND DISPENSING SYSTEM

**To:** Commercial Fuel Systems, Inc.  
P.O. Box 271  
232 South Main St.  
Mt. Airy, Maryland 21771

**From:** Name of Billing Agency: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Address: \_\_\_\_\_

Fleet Manager: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date	Product Gasoline Diesel, Oil Ethanol, CNG	Quantity Purchased		Total Amount	Driver Card # (YELLOW)						Vehicle Card # (WHITE)						Odometer Reading
		GAL	QT														
					55						55						
					55						55						
					55						55						
					55						55						
					55						55						
					55						55						
					55						55						
					55						55						
					55						55						
					55						55						
					55						55						

Driver's Signature: \_\_\_\_\_

Please explain why the Statewide Fuel Management and Dispensing System could not be utilize

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**Note:** Agency Fleet Managers must send the report to *Commercial Fuel Systems* at the end of each month to cover any outside fuel purchases made during that period. **Attach copies of fuel receipts to this form .**